In In (D) (3) N (D C) ť۷ Ö ŧÕ ų. Ø (3)

Office

Use

Only

FEC

STATEMENT OF

SECRETARY OF THE PUBLIC RECORDS

2017 OCT 13 PH 4: 04 **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MCCONNELL SENATE COMMITTEE PO BOX 1496 ADDRESS (number and street) (Check if address is changed) 40201 LOUISVILLE STATE A ZIP CODE A CITY A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address ILSteinberg@blueandco.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2017 DATE C00193342 FEC IDENTIFICATION NUMBER ▶ AMENDED (A) IS THIS STATEMENT NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lisker, Lisa, , , Type or Print Name of Treasurer 2017 Lisker, Lisa, . . 10 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

> For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

44
in
រុក
(3)
(3)
Ń
Ü
(
ťΫ
Ö
O
ή
(D
र् षा
1
u to
Ø
ť۷

FEC Form 1 (Revised 02/2009) YPE OF COMMITTEE Candidate Committee:	Page 2									
Candidate Committee:										
	Candidate Committee:									
(a) This committee is a principal campaign committee. (Complete the candidate information below.)										
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)										
Name of MCCONNELL, MITCH, , , Candidate										
Candidate Office Party Affiliation REP Sought: House X Senate President	State									
	District 00									
This committee supports/opposes only one candidate, and is NOT an authorized committee.										
Name of Candidate										
Party Committee:	(Democratic,									
d) This committee is a (National, State or subordinate) committee of the	Republican, etc.) Party.									
Political Action Committee (PAC):										
e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a									
Corporation Corporation w/o Capital Stock	Labor Organization									
Membership Organization Trade Association	Cooperative									
In addition, this committee is a Lobbyist/Registrant PAC.										
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party									
In addition, this committee is a Lobbyist/Registrant PAC.										
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)										
loint Fundraising Representative:										
This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	two or more political									
This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political									
Committees Participating in Joint Fundraiser										
1. FEC ID number C	ساسان واستاموان									
L L L L L L L L L L L L L L L L L L L										
1. FEC ID number C										

Write or Type Committee Name								
MCCONNELL SENATE COMMITTEE								
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor						
MCCONNELL FOR MAJORITY LEADER COMMITTEE								
	<u> </u>							
Mailing Address	228 S WASHINGTON ST STE 115							
	ALEXANDRIA	VA 22314						
	CITY	STATE ZIP CODE						
Relationship: [] Connected	Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor						
 Custodian of Records: Identification books and records. 	ify by name, address (phone number optional) and position	on of the person in possession of committee						
Lisker, Lisa		1						
Full Name	,228 S. Washington St., Ste. 115							
Mailing Address								
	Alexandria	VA 22314						
Title or Position	CITY	STATE ZIP CODE						
Assistant Treasurer	Telephone num	ber 703 - 549 - 7705						
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name and address of						
Full Name Steinberg,	arry, J., ,	1						
of Treasurer LL	14 2000 N. Maridian Ct. Sto. 400	<u> </u>						
Mailing Address	12800 N. Meridian St. Ste. 400							
	CiTY	STATE ZIP CODE						
Title or Position Treasurer	Telephone num	. 317 428 6857 .						

FEC Form 1 (Revised 02/2009)

Lisker, Lisa, , ,

228 S. Washington St., Ste. 115

Full Name of

Mailing Address

Designated Agent Page 4

safety deposit boxes or maintains funds.																												
Name of Bank, Wells F. Depository, etc.	argo	11	1	1	1	ш		ı	 	 			1	1	1	1					1	1	_1_		┸			
Mailing Address	1753 Pin	nacle I I	Dr.	1	Ŀ	Ш		1	 	 			1	ı	1	1	1.	_1_				ı	1		_	_		
		11	1	1	1	ш		_1.	 	 1	1	i	ı	ı	L	1			ب			ı	_					 _
	McLean	1 1		1	1	<u> </u>	1.		 	 		1			Ľ	VA L			Ľ	210	02			_]-	-L		1	
CITY ▲								S	TAT	E.	•					ZIF	C	OD	E	A		,						

FEC Form 1S (Revised 02/2

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	6	of	7	

			
or(h). Joint Fundraising	Participant:		
1.	,	FEC ID number	
2.		FEC ID number	
3. 1 1 1 1 1 1		FEC ID number	
4.		FEC ID number C	
•		draising Representative, or Leadership PAC	Sponsor
PROTECTING TH	E MAJORITY COMMITTEE	<u> </u>	
	<u> </u>	<u> </u>	
	ı 228 S WASHINGTON ST STE 115		ı
Mailing Address		<u> </u>	
		<u> </u>	لسيا
		-	
Connected	Organization Affiliated Committee	int Fundraising Representative Leadership	PAC Sponsor
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address			
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE OF POSITION	CITY ▲	STATE ▲ ZIP CODE	A
I	1	Telephone Number	لحسا
		ch the committee deposits funds, holds accoun	its, rents
	intains lunds.		
Name of Bank, BB&T Depository, etc.	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Mailing Address	1909 K St., NW	<u>, , , , , , , , , , , , , , , , , , , </u>	
5	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	Washington	DC 20006 -	1 , , ,
			لسلسلسا
	1.	1.	TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounseledy address Connected Organization FEC ID number FEC ID number

40

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC	Form	15	(Revised	02/2017

Page ______ **of** ______

5(g)	or(h). Joint Fundraisin	g Participant:	
	1. []]]]]]		FEC ID number
	2. 1 1 1 1 1		FEC ID number
	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number
	4.		FEC ID number C
			· · · · · · · · · · · · · · · · · · ·
6.	·	_	alsing Representative, or Leadership PAC Sponsor
	MCCONNELL VI	CTORY COMMITTEE	
	1		
		ı 228 S. WASHINGTON ST.	
	Mailing Address		<u></u>
		STE. 115	
		ALEXANDRIA	VA 22314
	Relationship:	CiTY ▲	STATE ▲ ZIP CODE ▲
	Connecte	d Organization 🗷 Affiliated Committee 📗 Joint	Fundraising Representative
8.		y by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
			11111111111111111
			سنا-لىنا لىنا
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
			elephone Number
9.	Banks or Other Deposito safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Name of Bank, Forcht Depository, etc.	: Bar.k 	
	Mailing Address	24C4 Sir Barton Way	
			<u> </u>
		Lexington	KY 40509

(3)

Faxed or Hand Delivered

201710160200299561

United States Senate

OFFICE OF THE SECRETARY

OFFICE-OF PUBLIC RECORDS

RANTE SENATE OFFICE BRITDING

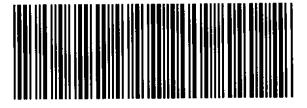
WASHINGTION, DC 20510-7116 PHONE(202) 224-0372

THE PRECEDING DOCUMENT WAS:

10-1	3-17
HAND DELIVERED	
USPS FIRST CLASS MAIL	pt Postmark
USPS REGISTERED/CERTIFIED	
USPS PRIORITY MAIL	<u> </u>
DELIVERY CONFIRMATION OR SIGNATU	JRE CONFIRMATION LABEL
USPS EXPRESS MAIL	<u>, , , , , , , , , , , , , , , , , , , </u>
OVERNIGHT DELIVERY SERVICE:	
	IEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	
UPS	- □
DHL	- · □
AIRBORNE EXPRESS	- □.
RECEIVED FROM FEDERAL ELECTION (Date of Receipt
POSTMARK ILLEGIBLE	NO POSTMARK
FAXDate of Receipt	
OTHER Date of Receipt or Postmar	* 12-17
PREPARER DH	DATE PREPARED



SEN PATCH



SEN PATCH